

**CAMPAIGN CONTRIBUTIONS
AND EXPENSES REPORT**

City of Las Vegas/State of Nevada

GARY L RATLIFF **CITY COUNCIL** **WARD 6**
Name (print) Office (if applicable) District (if applicable)

Mailing Address (include city and zip code)

Telephone No.

E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

- ☐ **Report #1 — Due March 29, 2005**
Period: Jan. 1, 2005 — Mar. 24, 2005
- ☐ **Report #2 — Due May 31, 2005**
Period: Mar. 25, 2005 — May 26, 2005
- ☒ **Report #3 Due — July 15, 2005**
Period: May 27, 2005 — June 30, 2005

2005 JUL 15 A 11:35
RECEIVED
CITY CLERK
For Office Use Only

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative
From Beginning
of Report Period
#1 through End
of This
Reporting
Period

2	200.00
0	0

3. Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)
4. Total Value of In Kind Contributions Received in Excess of \$100

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

2	
2	

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100
6. Total Monetary Expenses Paid of \$100 or Less
7. Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)
8. Total Value of In Kind Expenses in Excess of \$100

2	4791.07
2	2
2	4791.07

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Gary L Ratliff
Signature

15 July 2005
Date

#

District (if applicable)

Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

**CHECK HERE
IF LOAN**

24

CAMPAIGN EXPENSES

Report Period #

GARY L RATLIFF CITY COUNCIL WARD 6
 Name (print) Office (if applicable) District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
/// NONE		///	///

This page may be copied or duplicated if additional space is needed.

3 47

**IN-KIND CAMPAIGN
CONTRIBUTIONS**

Report Period #

Name (print) GARY L RATHIFF Office (if applicable) CITY COUNCIL WARD 6 District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
 	 	NONE	 	

This page may be copied or duplicated if additional space is needed.

4 4